

**Attachment 2**

**CARL MOYER PROGRAM  
FISCAL YEAR 2014-2015 (YEAR 17) APPLICATION**  
Application must be received by ARB by January 30, 2015

**1. APPLICANT DISTRICT**

District Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/Zip Code \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**2. CARL MOYER PROGRAM FUNDING REQUEST**

**Check one box and enter amount, if applicable.** District requests:

- ☐ Tentative allocation ("Total Allocation" amount from Attachment 1), or greater amount shown below if available:

\$ \_\_\_\_\_

- ☐ Minimum allocation of \$200,000 (no match required).

- ☐ Minimum allocation and authorizes the funds be designated to the Rural District Assistance Program for these years. **(Please circle years that apply.)**

Current Year 17      Year 18      Year 19      Year 20      Year 21

- ☐ Minimum allocation and authorizes the funds be designated to a lead air district for these years. **(Please circle years that apply.)**

Current Year 17      Year 18      Year 19      Year 20      Year 21

**(Please specify lead district.)** \_\_\_\_\_

- ☐ No Carl Moyer Program funds. District declines all funding for Year 17.

**3. DISTRICT MATCHING FUNDS** (for applications seeking over \$200,000 minimum)

**Total district matching funds (a) + (b):** \$ \_\_\_\_\_

**Specify match funding by source and amount:**

_____	\$ _____
Source of Funding	
_____	\$ _____
Source of Funding	
_____	\$ _____
Source of Funding	

**(a) Match Funds Subtotal** \$ \_\_\_\_\_

**(b) Estimated In-kind Administration:** \$ \_\_\_\_\_  
*(Up to 15% of Total)*



**4. POLICY AND PROCEDURES MANUAL**

***Check box if applicable.***

- ☐ An up-to-date version of the District's Carl Moyer Program Policies and Procedures manual, based on current Carl Moyer Program Guidelines, is maintained at the District's office.

**5. BOARD RESOLUTION**

***Check one box and complete the date if applicable.***

- ☐ This application has been duly approved and authorized by the District governing board, as specified in the attached resolution.
- ☐ This application is scheduled to go before the District board on \_\_\_\_\_  
Date

**6. DISTRICT APCO/EO APPROVED SIGNATURE**

To the best of my knowledge and belief, the information in this application is true and correct.

\_\_\_\_\_  
Signature of Air Pollution Control Officer

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Date

***Please e-mail signed application by January 30, 2015  
to [sbritton@arb.ca.gov](mailto:sbritton@arb.ca.gov).***